

STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3RD FLOOR
PO BOX 83720
BOISE, ID 83720-0043
PHONE (208) 334-4250
FAX (208) 334-4398

**INSTRUCTIONS FOR COMPLETING AND FILING
STATEMENT OF TAXES AND FEES
REGISTERED SELF-FUNDED HEALTH CARE PLAN**

1. All Registered Self-Funded Health Care Plans must file a statement and pay fees within sixty (60) days after close of the fiscal year of the plan. Failure to file the tax statement could result in administrative action by the Department of Insurance according to Idaho Code, Section 41-4022 (4).
2. Original signed tax form must be submitted per Idaho Code, Section 41-402. If you have any questions, call the Premium Tax Section at (208) 334-4281 or (208) 334-4282.
3. Forms must be completed in ink or typed - no pencil.
4. To arrive at the total beneficiaries, add the number of individuals entitled to coverage under the plan for each month, January through December. Total tax is calculated by multiplying the monthly total beneficiaries by four (.04) cents. All amounts reported are subject to examination and penalty by the Department approved auditors. Idaho Code, Section 41-4012.
5. For proper identification, the registration number must be listed in the box provided on the tax form. This number is listed on your Certificate of Registration. The company name, address and fiscal year ending date must be completed.
6. All questions we have concerning this tax statement will be directed to the contact person. Include complete telephone number with extension and E-mail address.
7. The tax statement must be signed and dated at the bottom of the page by an officer authorized by the company. Unsigned forms will be considered incomplete filings.